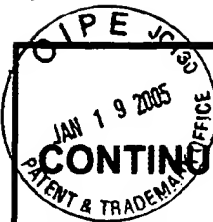


RCE Iw



REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

To Commissioner For Patents

Please enter the following submission and withdraw the finality of the proceeding office action or withdraw any pending appeal and reopen prosecution before the Examiner.

Application Number	09/725,970
Filing Date	November 29, 2000
First Named Inventor	Amr F. Yassin
Group Art Unit	2178
Examiner Name	Gregory J. Vaughn
Attorney Docket Number	US000339

This is an RCE under 37 C.F.R. § 1.114 of the above-identified application (which is made prior to: payment of issue fee; abandonment; notice of appeal to the CAFC; or commencement of civil action under 35 U.S.C. 145 or 146.)

1. Submission required under 37 C.F.R. § 1.114

- a. ☒ Previously submitted
- i. ☒ Consider the supplemental amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on December 2, 2004 (Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☐ Enclosed
- i. ☐ Preliminary Amendment
- ii. ☐ Affidavit(s) Declaration(s)
- iii. ☐ Information Disclosure Statement
- iv. ☐ Other _____ (may not be a brief)

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (May not exceed 3 months; Fee required per 37 C.F.R. § 1.117(i))
- b. ☐ Other _____

3. Fees

- a. ☒ The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit any overpayments, to Deposit Account No. 14-1270

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print Type)	GREGORY L. THORNE	Registration No. (Attorney/Agent)	39,398
Signature		Date	January 13, 2005

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Alexandria, VA 22313, or facsimile transmitted to the U.S. Patent and Trademark Office tel# : _____ on the date below:

Name (Print Type)	NOEMI CHAPA
Signature	

02/23/2005 Date
EWAARRN 00000001 141270
1/14/05

09725970

01 FC:1801 790.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09725970

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	26 minus 20 =	6
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	26	Minus	26	0
	Independent	4	Minus	4	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	1100
X40=		OR	X80=	8000
+135=		OR	+270=	
TOTAL		OR	TOTAL	9100

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=	X	OR	X80=	X
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

12-204

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	14	Minus	26	=
	Independent	3	Minus	4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	14	Minus	20	=
	Independent	3	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.